Exhibit 1

ESG PERFORMANCE REPORT

Grantee Cumulative Report - For the Month of _____Yr___

Agency Legal Name:		Phone:	
Contact Name:		e-mail:	
Contract No.		Address:	
 Instructions: Grantee shall submit a cumulative report every month and add to the past month's information and statistics. By the 12th month, of each fiscal year period, the goal percentage that was chosen by the facility has to be met. 1) Circle the categories that were chosen for the performance based objectives? 			
	Case management	Homeless Prevention/Outreach Operations	
2) How many clients have you served this month? How many continuing?			
	New: Families Continuing: Families		
 State the Objective, Progress and Percentage you have made toward each goal. State how your agency delivered the services to meet your expected outcomes. Objective 1: 			
	Progress &Pero	centage:	
_			
	• Objective 2:		
	Progress & Per	rcentage:	
_			

• Objective 3:	
Progress & Percentage:	
	_
Agency Signature	Date:
This report is to be submitted by the 10th of each month, b	peginning on August 10, 2004 and ending with July 10, 2006
Please mail, fax or e-mail this report to:	
ricase man, tax or e-man tins report to.	
Lori Dimick, Emergency Shelter Grant Specialist	
Housing and Community Services	
402 West Washington Street, Room W-361	
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